Adding Value to Your Dental Practice

Some dentists have found that resolving Medicaid payment issues can reduce the value of the Medicaid portion of their dental practices.[1] If you have experienced these difficulties, this fact sheet provides guidance on some actions you can take to overcome them and add value to your dental practice. Recognizing that State Medicaid programs must ensure documentation supports your dental claims is the key to overcoming many payment issues.[2, 3] The U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG) emphasizes, "All health care providers have a duty to ensure the claims submitted to Federal health care programs are true and accurate."[4] Accurately billing and documenting your dental services can help avoid unnecessary payment delays. A crucial part of documentation is showing the medical necessity of the services rendered by following the process described below.

Implementing a customized compliance program to fit the needs of your practice is another way to add value to your practice. According to HHS-OIG, a compliance program can "speed and optimize proper payment of claims." Additionally, "the increased accuracy of documentation that may result from a compliance program will actually assist in enhancing patient care."[5] An internal compliance program might help identify and correct issues of documentation and billing before you submit claims.

This fact sheet discusses a final way to add value to your dental practice: by reporting providers who mistreat their patients or violate Medicaid rules. These providers are not only cheating their patients and the taxpayers, but they are reducing the value of your dental practice through unfair competition.

Two Ways to Add Value

1. Document Medical Necessity

Medicaid coverage of dental services for adults may be limited, but for children it includes screening services and other preventive, diagnostic, and treatment services that are medically necessary and properly documented. Under the mandatory Early

and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit,[6] children in Medicaid are entitled to "dental care at as early an age as necessary, needed for relief of pain and infections, restoration of teeth, and maintenance of dental health."[7] Accordingly, the Centers for Medicare & Medicaid Services (CMS) Medicaid Manual requires States to "provide for medically necessary ... dental services."[8] Medical necessity is a term that may be confusing when used in the dental context. It is widely used in Medicaid programs when referring to dental services. When you hear the term "medical necessity," think "dental necessity."

The patient's dentist generally makes determinations of medical necessity, consistent with general practice standards, any specific guidelines issued by the State, and the patient's individual treatment plan.

Because of the medical necessity requirement, dentists need to document not only the extent of services but also the medical necessity of those services. As pointed out by the American Academy of Pediatric Dentistry, this means dentists "must document the diagnosis" and not just the treatment. This means referring to laboratory reports, radiographs, and any other diagnostic studies. Additionally, supporting medical necessity may require you to:

- Document not only the treatment but also the specific disease or condition that made the treatment necessary; and
- Document the disease on the tooth chart, surface by surface, as determined by visual or tactile clinical examination or by X-ray.

Good documentation practices can answer common questions about treatments billed to Medicaid, such as why a tooth was retreated or why a treatment was performed in the absence of an X-ray.

2. Implement a Compliance Program

A compliance program can help ensure that you document medical necessity, appropriately render and bill quality services, and follow Medicaid rules. The following steps illustrate how such a program might work in your office to ensure properly documenting medical necessity.

1. **Writing policies.** Insist on a clearly written dental policy requiring thorough medical necessity documentation, including the presence of a disease or condition.
2. **Designating responsible persons.** Designate persons responsible for ensuring compliance with policy and responding to any staff concerns about lack of documentation.

3. **Training.** Train staff on documentation requirements.

4. **Communicating.** Make it possible for all staff to communicate concerns about lack of documentation to responsible persons so problems are corrected earlier rather than later.

5. **Monitoring and auditing internally.** Designate a dentist or other responsible person to: review claims denied for lack of documentation; identify issues to monitor; monitor claims continually; and audit selected claims and charts periodically ensuring proper documentation of medical necessity.

6. **Enforcing disciplinary policies.** Take appropriate disciplinary action against employees failing to play their assigned roles in documenting medical necessity.

7. **Responding promptly to issues and correcting them.** Report overpayments and return the money to your State Medicaid agency (SMA) if the documentation is lacking or does not support claims already paid by the Medicaid program.

These seven steps are discussed in more detail in the CMS presentation "Medicaid Compliance for the Dental Professional," posted to https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Provider-Education-Toolkits/dental-tookit.html on the CMS website, and in HHS-OIG's "Compliance Program for Individual and Small Group Physician Practices," posted to http://oig.hhs.gov/authorities/docs/physician.pdf on the HHS-OIG website.

Report Suspect Practices

Dentists, patients, and outside oversight agencies all share the same goal: providing quality dental care appropriately documented. HHS-OIG advises that "just because your competitor is doing something doesn't mean you can or should."[9] The overwhelming majority of Medicaid dentists, like other providers, deliver the best possible care to their patients and follow Medicaid rules. However, there is a small minority of dentists who do not treat their patients appropriately and who violate Medicaid rules. These dentists harm the patients, cheat the taxpayer, and hurt your practice by diverting patients.

Medicaid needs your help identifying dentists who belong to this small minority. If you suspect improper practices by another dentist, you can report this information to several agencies. These agencies include your SMA, your State Medicaid Fraud Control Unit (MFCU), and HHS-OIG. Contact information for SMAs and MFCUs is posted to https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/fraudabuseforconsumers/report_fraud_and_suspected_fraud.html on the CMS website. You can also contact HHS-OIG by calling 1-800-HHS-TIPS or by visiting https://forms.oig.hhs.gov/hotlineoperations/complaint.aspx on HHS-OIG's website.

If a dentist suspects a beneficiary issue, such as card sharing or eligibility fraud, they should report the issue to the SMA.

To see the electronic version of this fact sheet and the other products included in the "Medicaid Compliance for the Dental Professional" Toolkit posted to the Medicaid Program Integrity Education page, visit https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html on the CMS website.

Follow us on Twitter #MedicaidIntegrity

References

1 Kaiser Family Foundation. (2012, June 1). Children and Oral Health: Assessing Needs, Coverage and Access (p. 5). Retrieved April 27, 2016, from https://kaiserfamilyfoundation.files.wordpress.com/2013/01/7681-04.pdf

2 Social Security Act § 1902(a)(27). Retrieved April 27, 2016, from https://www.ssa.gov/OP_Home/ssact/title19/1902.htm

3 Agreements, 42 C.F.R. § 431.107(b). Retrieved April 27, 2016, from http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=7802b8f6a57e10e9934c9a1e00b891f1&ty=HTML&h=L&r=SECTION&n=42y4.0.1.1.2.3.10.2

4 U.S. Department of Health and Human Services. Office of Inspector General. (2000, October 5). OIG Compliance Program for Individual and Small Group Physician Practices. 65 Fed. Reg. 59434–59435. Retrieved April 27, 2016, from http://oig.hhs.gov/authorities/docs/physician.pdf

5 U.S. Department of Health and Human Services. Office of Inspector General. (2000, October 5). OIG Compliance Program for Individual and Small Group Physician Practices. 65 Fed. Reg. 59434-59435. Retrieved April 27, 2016, from http://oig.hhs.gov/authorities/docs/physician.pdf

6 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals Under Age 21, 42 C.F.R. § 441 Subpart B. Retrieved May 19, 2016, from http://www.ecfr.gov/cgi-bin/text-idx?SID=55c1e5f38c50b61a3d71a354289373fc&mc=true&node=sp42.4.441.b&rgn=div6

7 42 C.F.R. § 441.56(c)(2). Retrieved April 27, 2016, from http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=9f50519c4df365a7e0b6d0bf0bb44848&ty=HTML&h=L&r=SECTION&n=42y4.0.1.1.10.2.112.3

8 Centers for Medicare & Medicaid Services. The State Medicaid Manual. Chapter 5, § 5110. Retrieved April 27, 2016, from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html

9 U.S. Department of Health and Human Services. Office of Inspector General. Health Care Compliance Program Tips. Retrieved April 27, 2016, from http://oig.hhs.gov/compliance/provider-compliance-training/files/

Disclaimer

This fact sheet was current at the time it was published or uploaded onto the web. Medicaid and Medicare policies change frequently so links to the source documents have been provided within the document for your reference.

This fact sheet was prepared as a service to the public and is not intended to grant rights or impose obligations. This fact sheet may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. Use of this material is voluntary. Inclusion of a link does not constitute CMS endorsement of the material. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

July 2016